

PEPSIN IN SURGERY.

DR. HENRY B. DOUGLASS (*Med. Record*, Dec. 22, 1888) has recently employed pepsin in the form of scales or as an ointment, with lanolin, 1 : 5, in ulcers, in the removal of cicatricial tissue, etc., and concludes that: 1. In all ulcerations covered with a slough, or having a membranous base, pepsin is of use to digest this slough and bring about a healthy condition. 2. The efficiency of the pepsin ceases when the slough has dissolved. 3. In cicatricial tissue causing ankylosis pepsin is of use by dissolving the cellular element. On this condition pepsin may act similarly to mercury and the iodides, or as a digestive.

SEPTIC INTOXICATION AFTER ENEMATA.

The absorption into the blood and lymph-streams of elements from decomposing masses in the intestine is a common result of habitual constipation. The condition is chronic, and its effects are slowly induced.

MR. G. H. BURFORD (*The Lancet*, Dec. 15, 1888) calls attention to a form of toxæmia, similar in origin, but suddenly induced and characterized by symptoms, at least in pronounced cases, peculiar to septic intoxication of a mild type. Inspissated but decomposing fecal masses, frequently associated with an arid, scarcely secreting mucous membrane, are innocuous so long as their dryness is maintained. If, in such case, a quantity of warm, bland fluid be suddenly introduced from without into the gut, solution of some of the organic products of decomposition is effected, osmosis goes on even during the short period of temporary retention, and lymph-channels and blood-streams are charged with a dilute, diffusible septic poison. As from other parts of the alimentary canal, the effect of such general diffusion is exhibited often as a sharp attack of urticaria; but, as here, the diffusible poison is specially noxious, mild septic symptoms are sometimes superadded.

He details eleven cases in which these conditions were superinduced by enemata, and summarizes them as follows:

These cases constitute an ascending series, in which the symptoms become progressively more pronounced and extensive. Commencing with a simple erythematous rash, localized in distribution and mild in type, the next grade presents a typical urticaria, with minute but obvious wheals diffused over the trunk and extremities, and lasting about forty-eight hours, with sometimes some concomitant malaise. Finally, the severest form has superadded to these skin symptoms such undoubted signs of mild septic intoxication as sub-acute pyrexia and, as a concurrent, sore throat, the latter existing for from three to four days.

These sequences presented themselves, on the average, after from three to four per cent. of the enemata administered. They are particularly liable to ensue if enemata be given within three or four days after the administration of ether, in cases in which the intestines have not been thoroughly cleared out beforehand. They may appear indifferently after the use of any ordinary fluid as injection, provided it be used in sufficient quantity. With glycerine enemata, where very small quantities only are used, no such results have accrued. He has seen cases in which these post-enemal appearances have been

diagnosed as mild scarlatina or r  theln; and it is with a view of eliminating this from the category of doubtful eruptions that he has cited the cases as illustrative of a hitherto undescribed condition, as well as to record clinical observations regarding the influence of altered alimentary secretions on intestinal resorption.

A NEW METHOD OF RAISING THE EPIGLOTTIS.

DR. BENJAMIN HOWARD (*The Lancet*, Nov. 17, 1888) reports, at considerable length, his researches as to the best method by which, in cases of apn  a, with falling backward of the epiglottis, the latter can be raised so as to permit of the free entry of air to the respiratory passages. He gives numerous reasons for believing that traction on the tongue does not have the desired effect upon the epiglottis, and shows that the only practical method of attaining this end is by extreme extension of the head and neck. For making this he gives the following reasons:

Traction on the tongue is ineffectual because:

a. The tractile force supposed to be exercised upon the epiglottis is arrested chiefly by the fr  num lingu  e, and through the muscular fibres within it is expended upon the inferior maxilla into the genial tubercles of which they are inserted.

b. The surviving force is expended almost entirely upon, and intercepted by, the anterior pillars of the fauces.

c. For any tractile force which may survive, a continuous and sufficient medium for its transmission to the epiglottis is wanting.

Extension of the head and neck is the only sure means of causing instant and complete elevation of the epiglottis, because: by a three-linked chain, in which the hyo-epiglottic ligament is the lower link, the body of the hyoid bone the central link, and the combined genio- and mylo-hyoidei muscles the upper link, the epiglottis is so connected to the body of the inferior maxilla, that above a certain point, as the body of the lower jaw is moved upward, the epiglottis instantly, irresistibly, and inevitably moves upward exactly in unison till it is erect. The violent wrenching asunder of the clenched teeth, in proportion as it depresses the body of the inferior maxilla, antagonizes a distinct effort of Nature to maintain the elevation of the epiglottis.

Having, by bringing the patient to the edge of the table or bed, or by elevation of the chest, provided that the head may swing quite free, with one hand under the chin and the other on the vertex, steadily but firmly carry the head backward and downward. The neck will share the motion, which must be continued until the utmost possible extension of both head and neck is obtained. Assuming the mouth to be shut and the inferior border of the inferior maxilla to be at a right angle with the cervical column, as in the average recumbent posture, the head must be continued to be extended from thirty to thirty-five degrees more before it is possible for the epiglottis to be affected at all. Not until after the skin from the symphysis to the sternum is quite tense do the relaxed muscles in question beneath it become tense at all. These being tense, from this point the elevation of the epiglottis begins.

In a nut-shell: Make the line of skin from the chin to the sternum as